

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90051 015 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000827

1. Entity Name

IGLESIA EVANGELICA LUTERANA "SAN PABLO APOSTOL" INC.

Principal Place of Business

Mailing Address

10700 SW 56TH ST.
MIAMI FL 33165

10700 SW 56TH ST.
MIAMI FL 33165

17615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0366190

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUERTO, JOSE G
11715 SW 18TH ST.
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, ISIDRO	
STREET ADDRESS	14941 SW 82 TERR APT 205	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KAERCHER, BRUCE	
STREET ADDRESS	9741 SW 145 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELLO, MARY	
STREET ADDRESS	10816 SW 88 ST APT R12	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, KAREN	
STREET ADDRESS	14941 SW 82 TERRACE APT 205	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, DALE	
STREET ADDRESS	6811 SW 48TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWN, NEIL JR	
STREET ADDRESS	2690 SW 155 AVE	
CITY-ST-ZIP	MIAMI FL 33193	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delgado, Carmelo	
STREET ADDRESS	7820 N.W. 134 AVE	
CITY-ST-ZIP	Miami, FL 33182	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bello, Mary	
STREET ADDRESS	10816 SW 88 st. Apt. R-12	
CITY-ST-ZIP	Miami FL 33176	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delgado, Fe	
STREET ADDRESS	7820 N.W. 134 AVE	
CITY-ST-ZIP	Miami, FL 33182	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Triguera, Alain	
STREET ADDRESS	13673 SW 62 st.	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Dale	
STREET ADDRESS	6811 SW 48th Terr.	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Edgar	
STREET ADDRESS	6811 SW 48 Terr.	
CITY-ST-ZIP	Miami, FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/02

Date

Daytime Phone #

CR2E037 (9/01)